



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **PARKVIEW NOBLE HOSPITAL**

City of Hospital: Kendallville

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: **Kemuel Prince**

Email Address: kemuel.prince@parkview.com

Medicare Provider Number: 150146

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$45624795
Outpatient Patient Service Revenue	\$163922414
Total Gross Patient Service Revenue	\$209547209

2. Deductions From Revenue

Contractual Allowance	\$135426777
Other Deductions	\$0
Total Deductions	\$135426777

3. Total Operating Revenue

Net Patient Service Revenue	\$74120432
Other Operating Revenue	\$1404903
Total Operating Revenue	\$75525335

4. Operating Expenses

Salaries and Wages	\$15622006	Employee Benefits	\$4718968
Depreciation and Amortization	\$1178160	Interest Expense	\$13874

Bad Debt	\$7586889	Other Expenses	\$34319037
Total Operating Expenses	\$63438934		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$12086401	Total Assets	\$15948772
Net Non-operating Gains over Loss	\$-734	Total Liabilities	\$2560905
Total Net Gains	\$12085667		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$96569458	\$77989066	\$18580392
Medicaid	\$36434978	\$34159280	\$2275698
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$76542773	\$23278431	\$53264342
Total	\$209547209	\$135426777	\$74120432

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$119184	\$-119184

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$9310	\$110172	\$-100862

Number of Medical Professionals Trained	25
Number of Hospital Patients Educated	29110
Number of Citizens Exposed to Health Education Messages	33423

Statement Six: Charity Statement

Hospital Charity Charges	\$4677438
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$927859	
HCI Payments	\$0		
Subtotal	\$0	\$927859	\$-927859
Medicaid Shortfalls	\$6926656	\$8790402	
Subtotal	\$6926656	\$9718261	\$-2791605
DSH Payments	\$0		
Subtotal	\$6926656	\$9718261	\$-2791605
Medicare Shortfalls	\$18607392	\$19161743	
Other Government Programs	\$0	\$0	
Total	\$25534048	\$28880004	\$-3345956

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$63136	\$-63136
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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